

Trends in Wisconsin Nursing Homes 1990-1999

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Introduction

National projections from the federal Agency for Healthcare Research and Quality suggest that 4 out of every 10 older people will stay in a nursing home at least once, and nearly 1 in 10 will stay five or more years. With the significant growth in the aging population as the huge baby boom generation reaches old age over the next 30 years, this will mean an increasing demand for nursing home and other long-term care.

Nursing homes have been the predominant provider of long-term care. According to the 1990 US Census, Wisconsin had the sixth highest ratio of nursing home beds to population in the country, with 75 beds per 1,000 population aged 65 and over. The national average was only 53 beds per 1,000. With the increasing effort to develop and utilize community-based residential care services in the last decade, the ratio in Wisconsin has dropped to 68 beds per 1,000 persons aged 65 and over in 1999. This remains higher than the national average.

Over the last decade the function of nursing homes has changed dramatically. With the availability of other service options, individuals generally do not use nursing homes until they cannot get the services they need in any other setting. Because of this, a higher percentage of nursing home admissions are at the intense skilled or skilled level of care than in the past, and stays tend to be shorter. A large percent of the nursing home population is now composed of residents who are near the end of life, or people who need short-term rehabilitation.

This trend means more people are using nursing homes but staying for a shorter time.

About this Report

Trends in Wisconsin Nursing Homes, 1990-1999 presents a series of graphs and tables that illustrate aspects of Wisconsin nursing homes and their residents over these 10 years.

All information in this publication is based on *self-reported* data from the Wisconsin Annual Survey of Nursing Homes. This survey is conducted annually by the Bureau of Health Information, Wisconsin Division of Health Care Financing, in cooperation with the Bureau of Fee-for-Service Health Care Benefits, Division of Health Care Financing; the Bureau of Quality Assurance, Division of Supportive Living; and the state's nursing home industry.

This report includes only data from nursing homes (defined by HFS 132.14(1), Wisconsin Administrative Code), which include skilled nursing facilities (SNFs), intermediate care facilities (ICFs), and institutions for mental diseases (IMDs). Data from facilities for the developmentally disabled (FDDs) are excluded.

This report also excludes information reported by Clearview Sanatorium, Delafield, because this religious facility differs significantly from other nursing homes in the types of care provided.

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Selected Findings

Nursing Home Trends

- Between 1990 and 1999, the number of licensed beds in Wisconsin nursing homes declined 3.5 percent (from 49,000 to 47,300), and the number of staffed beds was down 6.3 percent (from 48,000 to 44,900). Staffed beds are licensed beds that are set up and staffed (and thus available for occupancy).
- The percent of vacant beds (licensed beds not set up and staffed) more than doubled, from 2.2 percent of licensed beds in 1990 to 5 percent in 1999. Most of this increase occurred in 1999.
- The number of nursing homes in Wisconsin increased 1 percent between 1990 and 1999, from 420 to 424. It ranged from a low of 402 homes in 1993 to a high of 428 homes in 1997.
- From 1990 to 1999, the number of nursing home residents on December 31 declined 11 percent, from nearly 44,800 to 39,700.
- The number of inpatient days in Wisconsin nursing homes declined 10 percent, from 16.2 million to 14.6 million.
- From 1990 to 1999, total admissions to Wisconsin nursing homes increased 84 percent and discharges and deaths increased 75 percent.
- The nursing home bed rate (licensed beds per 1,000 population) is one way of measuring long-term care capacity. Wisconsin had 75 beds for each 1,000 population aged 65 and over in 1990, decreasing to 68 beds per 1,000 in 1999.
- According to a 1994 U.S. General Accounting Office report, the national average bed rate was 53 per 1,000 persons aged 65 and over in 1992. Thus, even after a decade of decline, the bed rate in Wisconsin is still much higher than the national average.
- The statewide occupancy rate (average daily census as a percent of licensed beds) decreased from 91 percent in 1990 to 85 percent in 1999.
- Between 1990 and 1999, the number of Wisconsin nursing homes certified for Medicare increased by 85 percent (from 199 to 368), and Medicare-certified beds increased 151 percent (from 10,900 to 27,300).
- In 1990, only 22 percent of licensed beds were Medicare-certified, compared to 58 percent in 1999.
- The percent of skilled nursing facilities with self-designated special units for residents with Alzheimer's disease increased from 12 percent in 1990 to 30 percent in 1999.
- In 1999, 11 percent of all nursing home residents on December 31 had Alzheimer's disease as their primary disabling diagnosis, compared to 8 percent in 1990.

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- The nursing home utilization rate declined in all age groups from 1990 to 1999. About 185 of every 1,000 people aged 85-94 were in nursing homes in 1999, a 27 percent decline from 1990 (253 per 1,000). The utilization rate among persons age 95 and over declined 23 percent (from 585 to 450 per 1,000).
 - From 1990 to 1999, the nursing home utilization rate for people aged 85 and over in Wisconsin decreased 26 percent, from 280 residents per 1,000 population to 207 per 1,000. For people 65 and over the utilization rate declined 16 percent, from 63 per 1,000 population to 53 per 1,000.
 - During the same period, the estimated 85 and older population in Wisconsin increased 30 percent, and the 65 and over population increased 7 percent.
 - The percent of residents (all ages) using Medicaid as their primary pay source on December 31 increased from 62 percent in 1990 to 67 percent in 1999.
 - The average Medicare per diem rate increased from \$99 in 1990 to \$232 in 1999, an increase of 133 percent. The average Medicaid per diem rate increased 62 percent, from \$61 to \$99. The average per diem rate for private pay residents increased 75 percent, from \$77 to \$135. The overall rate of inflation (as measured by the Consumer's Price Index) increased only 30 percent during these 10 years.
 - The average annual charge for a nursing home resident increased 75 percent from 1990 to 1999, from \$24,800 to \$43,400.

Trends in Nursing Home Employees

- From 1990 to 1999, the number of registered nurses employed in Wisconsin nursing homes increased 70 percent (from 2,660 to 4,520), and the number of licensed practical nurses was up 11 percent (from nearly 2,700 to 3,000).
- No current federal regulation specifies the minimum hours of service to be provided by RNs, LPNs, and NAs per day per resident in each nursing home. However, Wisconsin Statutes (Chapter 50.04) require each nursing home to provide at least 2.5 “direct care” hours per day per resident needing skilled nursing care; a minimum of 0.5 hours of this time shall be provided by an RN or LPN.
- In 1998 and 1999, on average, nursing homes in Wisconsin provided about 3.2 hours of direct care per day per resident at the skilled level of care, at least 21 percent higher than the state minimum requirement. Of the 3.2 hours, about one hour was provided by either an RN or an LPN, and 0.6 hour was RN care only.
- Average full-time equivalent employees (FTEs) increased from 68 FTEs per 100 residents in 1990 to 98 FTEs per 100 residents in 1999. The biggest jump occurred between 1991 and 1992.
- The average turnover rate for full-time RNs statewide increased from 28 percent in 1990 to 33 percent in 1999. For part-time RNs, the average turnover rate increased from 34 percent to 38 percent.

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- In 1999, 69 percent of full-time nursing assistants (NAs) had worked in the nursing home less than one year, up from 57 percent in 1990. This represents an increase of 21 percent in the turnover rate among these employees between 1990 and 1999.

Trends in Nursing Home Residents

- The percent of nursing home residents who were receiving intense skilled nursing or skilled nursing care on December 31 increased from 70 percent in 1990 to 88 percent in 1999.
- The percent of admissions at the intense skilled or skilled level of care increased from 88 percent in 1990 to 97 percent in 1999.
- In 1990, only 38 percent of admissions had Medicare as primary pay source; in 1999, 66 percent of admissions paid primarily with Medicare. Medicare admissions increased 227 percent from 1990 to 1999 (from 10,300 residents to 33,600 residents), while total admissions increased 90 percent.
- Admissions with Medicaid as the primary pay source declined from 25 percent in 1990 to 14 percent in 1999. Private-pay admissions decreased from 35 percent to 15 percent.
- Between 1990 and 1999, the percent of residents on December 31 whose care was paid for primarily by Medicaid increased from 63 percent to 67 percent. The percent of residents whose care was paid for by Medicare increased from 4 percent to 8 percent.
- The percent of residents whose care was paid for primarily by private sources decreased from 32 percent in 1990 to 24 percent in 1999.
- The percent of residents on December 31 who had been in the nursing home less than a year increased from 30 percent in 1990 to 35 percent in 1999. The percent that had been there more than four years declined from 29 percent to 25 percent.
- Activities of Daily Living (ADL) dependency needs of nursing home residents declined between 1992 and 1999. This probably reflects an increasing percentage of nursing home residents who are in the facility for a short-term rehabilitative stay.
- The percent of admissions that were from acute care hospitals increased from 70 percent in 1990 to 79 percent in 1999.
- From 1990 to 1999, the percentage of discharges to private homes increased from 26 percent to 40 percent.
- Nursing home residents were becoming eligible for Medicaid faster in 1999 than they were in 1990.

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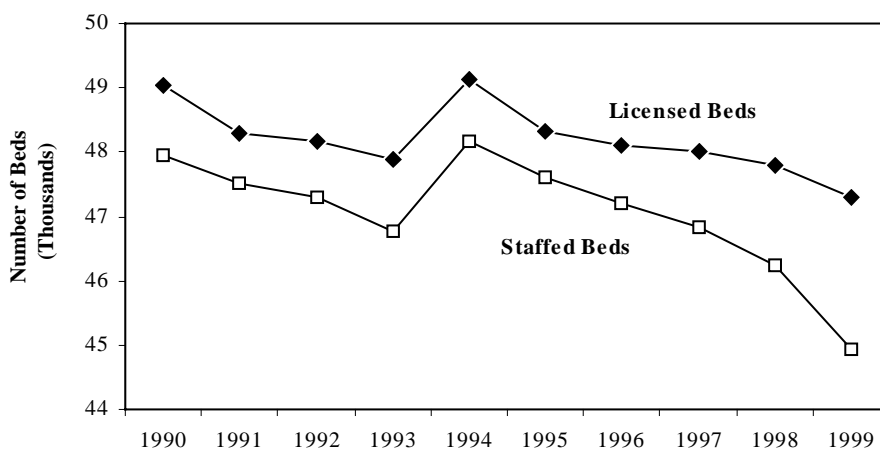
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Nursing Home Trends

- Between 1990 and 1999, the number of licensed beds in Wisconsin nursing homes declined 3.5 percent (from 49,000 to 47,300), and the number of staffed beds was down 6.3 percent (from 48,000 to 44,900) (Figure 1). Staffed beds are licensed beds that are set up and staffed (and thus available for occupancy).
- The percent of vacant beds (beds not set up and staffed) more than doubled, from 2.2 percent of licensed beds in 1990 to 5 percent in 1999 (Figure 2). Most of this increase occurred in 1999.

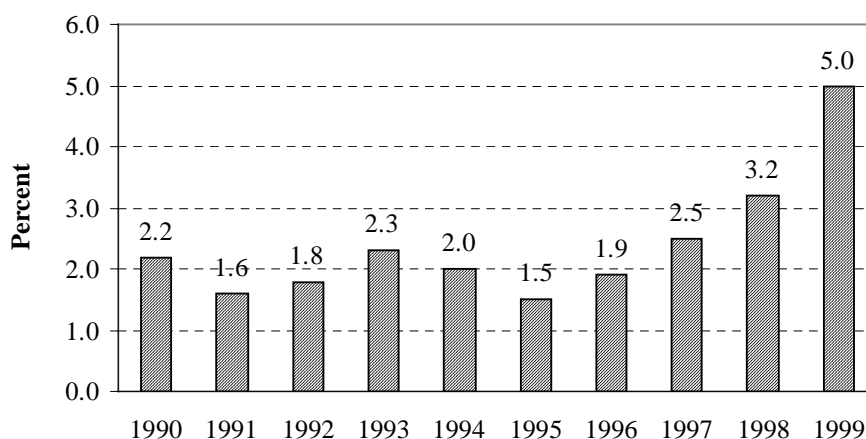
Figure 1. Licensed Beds and Staffed Beds in Nursing Homes, Wisconsin 1990-1999



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: Staffed beds are licensed beds that are set up and staffed (and thus available for occupancy).

Figure 2. Percent of Licensed Nursing Home Beds That Are Vacant, Wisconsin 1990-1999



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Nursing Home Trends

- The number of nursing homes in Wisconsin increased 1 percent between 1990 and 1999, from 420 to 424 (Table 1). It ranged from a low of 402 homes in 1993 to a high of 428 homes in 1997.
- From 1990 to 1999, the number of nursing home residents on December 31 declined 11 percent, from nearly 44,800 to 39,700.
- The number of inpatient days in Wisconsin nursing homes declined 10 percent, from 16.2 million to 14.6 million (Table 2).
- From 1990 to 1999, total admissions to Wisconsin nursing homes increased 84 percent and discharges and deaths increased 75 percent.

Table 1. Selected Measures of Nursing Home Utilization, Wisconsin, December 31, 1990-1999

Year	Nursing Homes	Licensed Beds	Staffed Beds	Percent of Beds Vacant	Total Residents
1990	420	49,021	47,952	2.2	44,783
1991	413	48,276	47,506	1.6	44,131
1992	409	48,171	47,288	1.8	44,119
1993	402	47,883	46,768	2.3	43,280
1994	416	49,116	48,157	2.0	44,613
1995	420	48,319	47,596	1.5	43,767
1996	421	48,112	47,195	1.9	43,079
1997	428	48,016	46,835	2.5	42,042
1998	425	47,780	46,239	3.2	40,625
1999	424	47,296	44,920	5.0	39,719

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Table 2. Selected Measures of Nursing Home Utilization, Wisconsin 1990-1999

	Inpatient Days	Percent Change	Average Daily Census	Percent Occupancy	Admissions	Discharges and Deaths
1990	16,198,893	-2.1	44,402	90.6	27,870	29,687
1991	16,082,745	-0.7	44,058	91.3	29,547	29,501
1992	16,032,480	-0.3	43,875	91.1	30,787	30,312
1993	15,837,418	-1.2	43,560	91.0	31,611	30,529
1994	16,203,467	2.3	44,485	90.6	36,237	35,895
1995	16,136,665	-0.4	44,243	91.6	39,207	39,757
1996	15,902,665	-1.4	43,495	90.4	43,564	44,143
1997	15,485,202	-2.6	42,530	88.6	49,143	50,067
1998	15,016,447	-3.0	41,257	86.3	51,277	52,462
1999	14,596,115	-2.8	40,004	84.6	51,186	51,984

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Nursing Home Trends

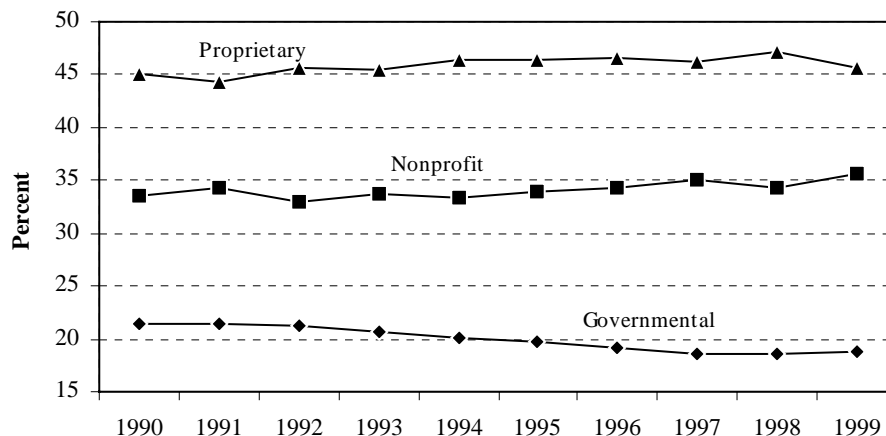
- Between 1990 and 1999, the number of licensed beds declined 16 percent in governmental nursing homes and 2 percent in proprietary homes (Table 3). In nonprofit homes, the number of licensed beds was up 2 percent. Statewide, the number of licensed beds declined 3.5 percent during this period.
- The governmental share of the total number of licensed beds declined from 21 percent to 19 percent between 1990 and 1999, while the nonprofit share increased, from 34 percent to 36 percent (Figure 3). The proprietary share of licensed beds was up until 1998, but declined in 1999 to the 1990 level, or about 45 percent.

Table 3. Nursing Home Licensed Beds by Ownership, Wisconsin 1990-1999

Year	Total Licensed Beds	Ownership					
		Governmental		Nonprofit		Proprietary	
		Number	Percent	Number	Percent	Number	Percent
1990	49,021	10,509	21.4	16,440	33.5	22,072	45.0
1991	48,276	10,339	21.4	16,551	34.3	21,386	44.3
1992	48,171	10,242	21.3	15,927	33.1	22,002	45.7
1993	47,883	9,939	20.8	16,162	33.8	21,782	45.5
1994	49,116	9,863	20.1	16,423	33.4	22,830	46.5
1995	48,319	9,543	19.7	16,397	33.9	22,379	46.3
1996	48,112	9,244	19.2	16,456	34.2	22,412	46.6
1997	48,016	8,923	18.6	16,857	35.1	22,227	46.3
1998	47,780	8,920	18.7	16,359	34.2	22,501	47.1
1999	47,296	8,884	18.8	16,824	35.6	21,588	45.6

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Figure 3. Nursing Home Licensed Beds by Ownership, Wisconsin 1990-1999



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Nursing Home Trends

- The nursing home bed rate (licensed beds per 1,000 population) is one way of measuring long-term care capacity. Wisconsin had 75 beds for each 1,000 population aged 65 and over in 1990, decreasing to 68 beds per 1,000 in 1999 (Table 4 and Figure 4).
- The nursing home bed rate for each 1,000 population aged 85 and over declined from 667 per 1,000 in 1990 to 495 per 1,000 in 1999.
- According to a 1994 U.S. General Accounting Office report, the national average bed rate was 53 per 1,000 population aged 65 and over in 1992. Thus, even after a decade of decline, the bed rate in Wisconsin is still much higher than the national average.

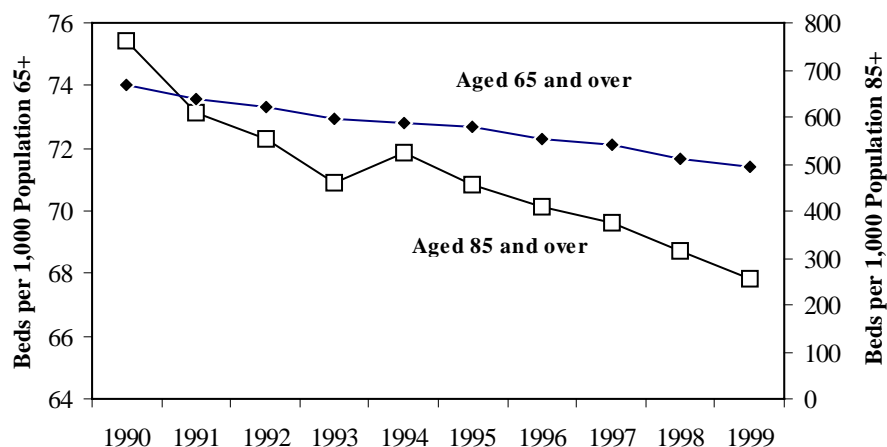
Table 4. Nursing Home Bed Rates, Wisconsin 1990-1999

Year	Beds per 1,000 Population Aged 65+	Beds per 1,000 Population Aged 85+
1990	75	667
1991	73	638
1992	72	619
1993	71	597
1994	72	587
1995	71	578
1996	70	555
1997	70	540
1998	69	510
1999	68	495

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The nursing home bed rate is the number of licensed beds per 1,000 estimated population in that age group.

Figure 4. Nursing Home Bed Rates, Wisconsin 1990-1999



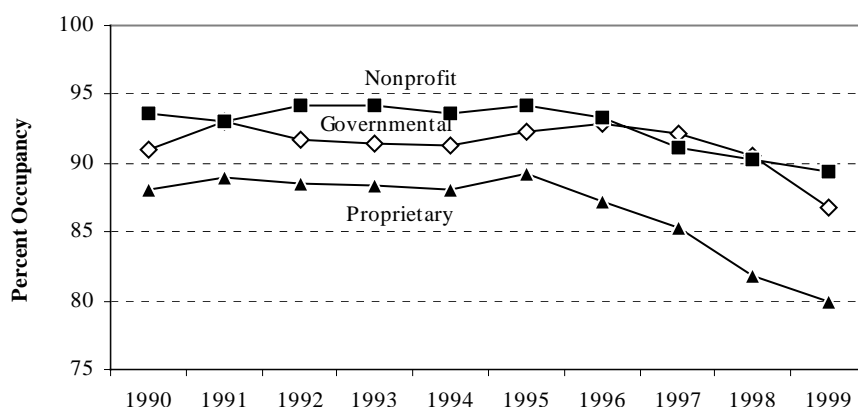
Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The nursing home bed rate is the number of licensed beds per 1,000 estimated population in that age group.

Nursing Home Trends

- The statewide occupancy rate (average daily census as a percent of licensed beds) decreased from 91 percent in 1990 to 85 percent in 1999.
- During these years, proprietary nursing homes had the lowest occupancy rate, while nonprofit homes usually had the highest (Figure 5 and Table 5).
- The occupancy rate declined in all three nursing home ownership categories, with the largest decline in proprietary homes (from 88 percent to 80 percent).
- The nationwide occupancy rate in 1995 (the latest data available from the Nursing Home Survey conducted by the National Center for Health Statistics) was 87.4 percent, compared to 91.6 percent in Wisconsin in 1995.

Figure 5. Nursing Home Percent Occupancy by Ownership, Wisconsin 1990-1999



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Table 5. Nursing Home Percent Occupancy by Ownership, Wisconsin 1990-1999

Year	Total Licensed Beds	Ownership					
		Governmental		Nonprofit		Proprietary	
		Number	Percent	Number	Percent	Number	Percent
1990	44,402	9,564	91.0	15,390	93.6	19,440	88.1
1991	44,058	9,618	93.0	15,407	93.1	19,033	89.0
1992	43,875	9,391	91.7	15,009	94.2	19,475	88.5
1993	43,560	9,088	91.4	15,230	94.2	19,242	88.3
1994	44,485	8,996	91.2	15,371	93.6	20,118	88.1
1995	44,243	8,814	92.4	15,449	94.2	19,980	89.3
1996	43,495	8,589	92.9	15,346	93.3	19,560	87.3
1997	42,530	8,218	92.1	15,355	91.1	18,957	85.3
1998	41,257	8,079	90.6	14,771	90.3	18,407	81.8
1999	40,004	7,709	86.8	15,042	89.4	17,253	79.9

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: Percent occupancy equals average daily census divided by licensed beds multiplied by 100.

Nursing Home Trends

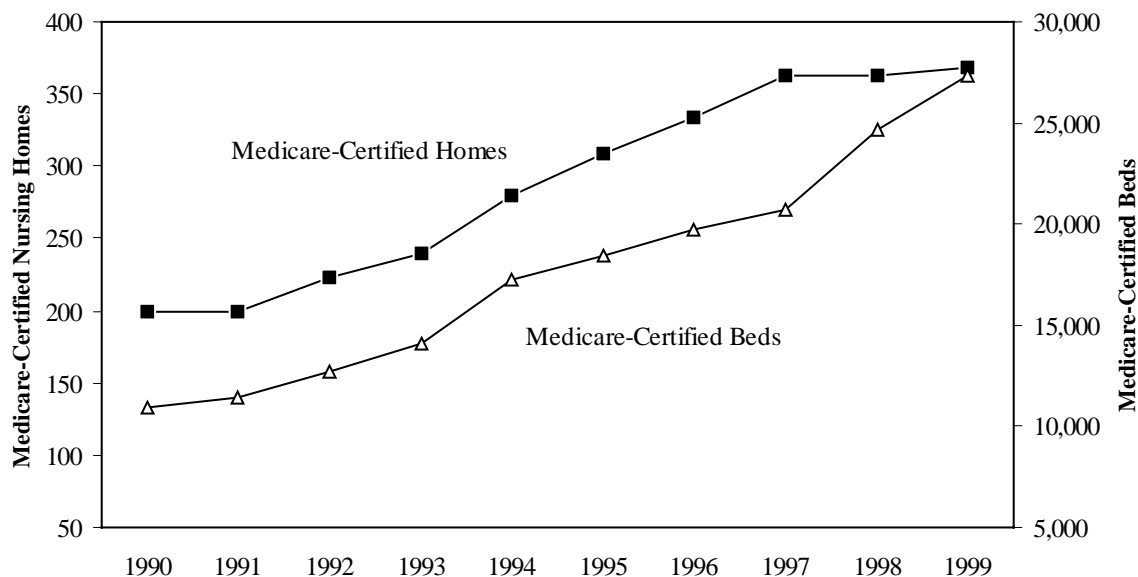
- Between 1990 and 1999, the number of Wisconsin nursing homes certified for Medicare increased by 85 percent (from 199 to 368), and Medicare-certified beds increased 151 percent (from 10,900 to 27,300) (Table 6 and Figure 6).
- In 1990, only 22 percent of licensed beds were Medicare-certified, compared to 58 percent in 1999.

Table 6. Number of Medicaid- and Medicare-Certified Nursing Homes and Beds, Wisconsin 1990-1999

Year	Medicaid-Certified Facilities		Medicare-Certified Facilities		Medicare-Certified Beds	
	Number	Percent	Number	Percent	Number	Percent
1990	402	96	199	47	10,896	22
1991	396	96	200	48	11,374	24
1992	393	96	223	55	12,710	26
1993	390	97	240	60	14,132	30
1994	402	97	279	67	17,236	35
1995	402	96	309	74	18,412	38
1996	403	96	333	79	19,761	41
1997	403	94	362	85	20,716	43
1998	403	95	363	85	24,677	52
1999	404	95	368	87	27,320	58

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Figure 6. Number of Medicare-Certified Nursing Homes and Beds, Wisconsin 1990-1999



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Nursing Home Trends

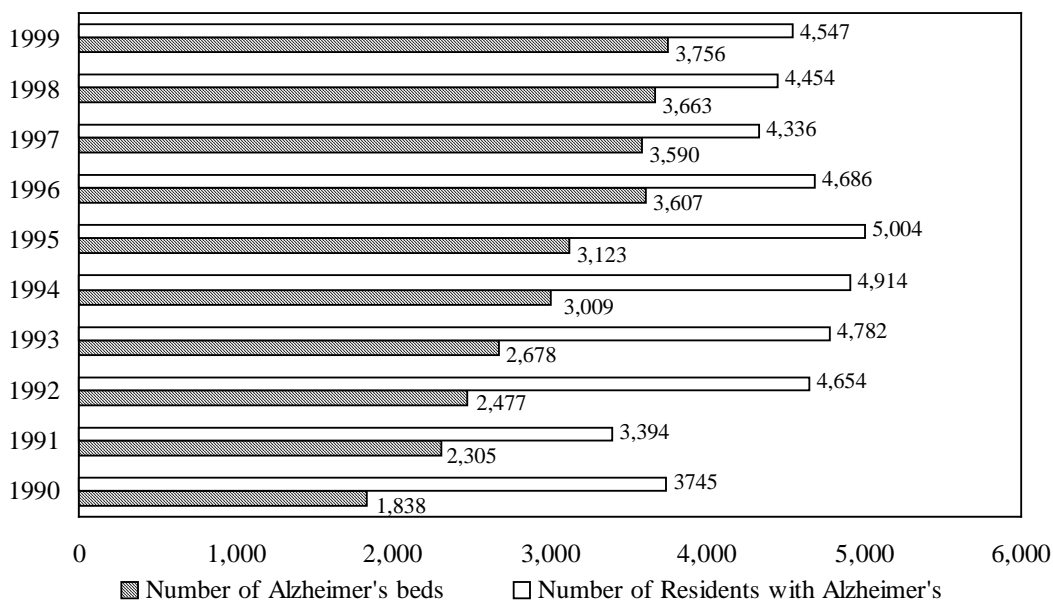
- The percent of skilled nursing facilities with self-designated special units for residents with Alzheimer's disease increased from 12 percent in 1990 to 30 percent in 1999 (Table 7).
- From 1990 to 1999, beds in these special units increased 104 percent (from 1,838 to 3,756), while nursing home residents reported to have Alzheimer's disease increased 21 percent (from 3,745 to 4,547).
- In 1990, for every special unit Alzheimer's bed in Wisconsin, there were 2 nursing home residents reported to have Alzheimer's disease. In 1999, for every Alzheimer's bed, there were 1.2 residents with Alzheimer's.

Table 7. Skilled Nursing Facilities with Special Units for Residents with Alzheimer's Disease, Wisconsin 1990-1999

Year	Number of Facilities	Percent of Facilities	Number of Beds	Total Residents with Alzheimer's
1990	49	12%	1,838	3,745
1991	66	17	2,305	3,394
1992	71	18	2,477	4,654
1993	75	17	2,678	4,782
1994	86	21	3,009	4,914
1995	91	22	3,123	5,004
1996	108	26	3,607	4,686
1997	111	26	3,590	4,336
1998	118	28	3,663	4,454
1999	124	30	3,756	4,547

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Figure 7. Number of Special Unit Alzheimer's Beds and Residents with Alzheimer's Disease, Wisconsin 1990-1999

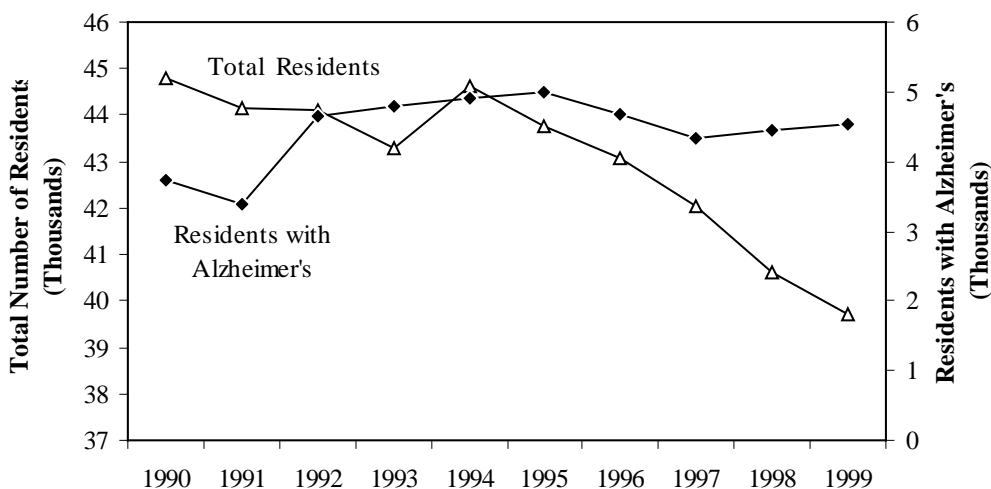


Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Nursing Home Trends

- In 1999, 11 percent of all nursing home residents on December 31 had Alzheimer's disease as their primary disabling diagnosis, compared to 8 percent in 1990 (Figure 8).
- The nursing home utilization rate declined in all age groups from 1990 to 1999 (Table 8). About 185 of every 1,000 people aged 85-94 were in nursing homes in 1999, a 27 percent decline from 1990 (253 per 1,000). The utilization rate among persons age 95 and over declined 23 percent (from 585 to 450 per 1,000).

Figure 8. Total Number of Nursing Home Residents and Residents with Alzheimer's Disease, Wisconsin 1990-1999



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Table 8. Nursing Home Utilization Rates by Age, Wisconsin 1990-1999

Year	Age-Specific Rates per 1,000 Population				
	55-64	65-74	75-84	85-94	95+
1990	4.2	15.2	68.4	252.7	584.5
1991	4.0	14.3	64.6	244.9	484.0
1992	3.7	13.4	61.9	242.9	481.2
1993	3.7	13.3	60.0	235.2	535.7
1994	3.6	14.2	61.4	237.4	556.3
1995	3.7	14.5	63.5	226.5	469.8
1996	3.6	13.2	58.6	222.0	540.6
1997	3.5	12.8	56.6	210.4	503.4
1998	3.4	12.2	53.5	193.9	468.3
1999	3.4	12.0	51.7	184.9	449.8

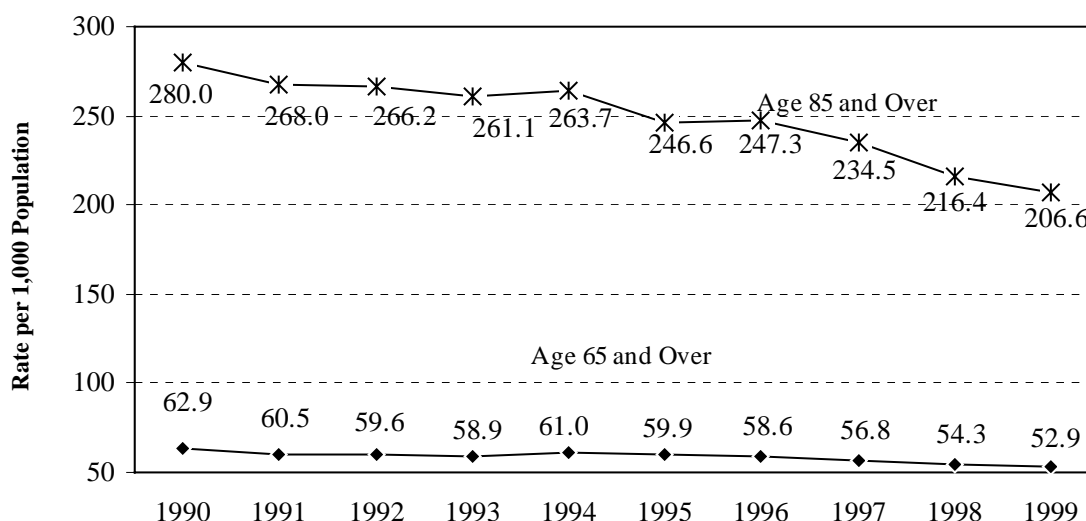
Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Age-specific utilization rates are defined as the number of nursing home residents in an age group per 1,000 Wisconsin population in that age group on December 31 of each year shown.

Nursing Home Trends

- From 1990 to 1999, the nursing home utilization rate for people aged 85 and over in Wisconsin decreased 26 percent, from 280 residents per 1,000 population to 207 per 1,000 (Figure 9 and Table 9). For people 65 and over the utilization rate declined 16 percent, from 63 per 1,000 population to 53 per 1,000.
- During the same period, the estimated 85 and older population in Wisconsin increased 30 percent, and the 65 and over population increased 7 percent.
- The percent of residents (all ages) using Medicaid as their primary pay source on December 31 increased from 62 percent in 1990 to 67 percent in 1999 (Table 9).

Figure 9. Nursing Home Utilization Rate for People Aged 65 and Over and 85 and Over, Wisconsin 1990-1999



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Table 9. Percent and Utilization Rate of Elderly Nursing Home Residents, and Percent of Residents with Medicaid, Wisconsin, December 31, 1990-1999

Year	Residents Age 65 and Over			Residents Age 85 and Over			Percent of MA Residents (all ages)
	Number	Percent	Rate	Number	Percent	Rate	
1990	40,919	91.4%	62.9	20,576	45.9%	280.0	62.0%
1991	39,905	90.4	60.5	20,286	46.0	268.0	63.9
1992	39,715	90.0	59.6	20,711	46.9	266.2	64.9
1993	39,780	91.9	58.9	20,937	48.4	261.1	66.8
1994	41,691	93.5	61.0	22,047	49.4	263.7	65.2
1995	40,850	93.3	59.9	20,615	47.1	246.6	64.0
1996	40,159	93.2	58.6	21,450	49.8	247.3	66.7
1997	39,132	93.1	56.8	20,856	49.6	234.5	67.2
1998	37,764	93.0	54.3	20,281	49.9	216.4	67.7
1999	36,864	92.8	52.9	19,725	49.7	206.6	66.8

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: Rate is the number of nursing home residents in the age group, per 1,000 population in the age group.

Nursing Home Trends

- The number of nursing homes providing respite care for non-residents increased by 159 percent from 1990 to 1999, from 63 facilities to 163 facilities (Table 10). All of the reported increase in respite care occurred in the nursing home setting (rather than in a patient's home).
- Forty facilities provided day services or adult day health care for non-residents in 1999, four times the number in 1990 (10 facilities).

Table 10. Number of Nursing Homes Providing Services to People Not Residing in the Facility, Selected Years, Wisconsin

Type of Service	1990	1995	1996	1997	1998	1999
Home Health Care	8	9	11	15	10	9
Supportive Home Care	14	27	27	25	24	20
Personal care	7	14	15	12	13	12
Household services	7	13	12	13	11	8
Day Services	8	19	18	18	20	25
In community setting	0	3	4	4	4	3
In nursing home setting	8	17	14	14	17	22
Respite Care	63	115	130	133	137	163
In patient's home	6	6	3	3	4	2
In nursing home setting	58	111	129	133	135	163
Adult Day Care	77	85	75	77	85	82
In community setting	6	6	9	9	11	9
In nursing home setting	69	80	67	70	77	75
Adult Day Health Care	2	9	11	12	15	15
Congregate Meals	37	44	49	46	45	49
In community setting	28	31	35	35	32	32
In nursing home setting	14	17	16	13	14	18
Home-Delivered Meals	65	61	66	65	59	61
Other Meal Services	27	34	34	40	43	41
Referral Service	36	35	43	37	35	39
Transportation	23	27	26	29	29	31

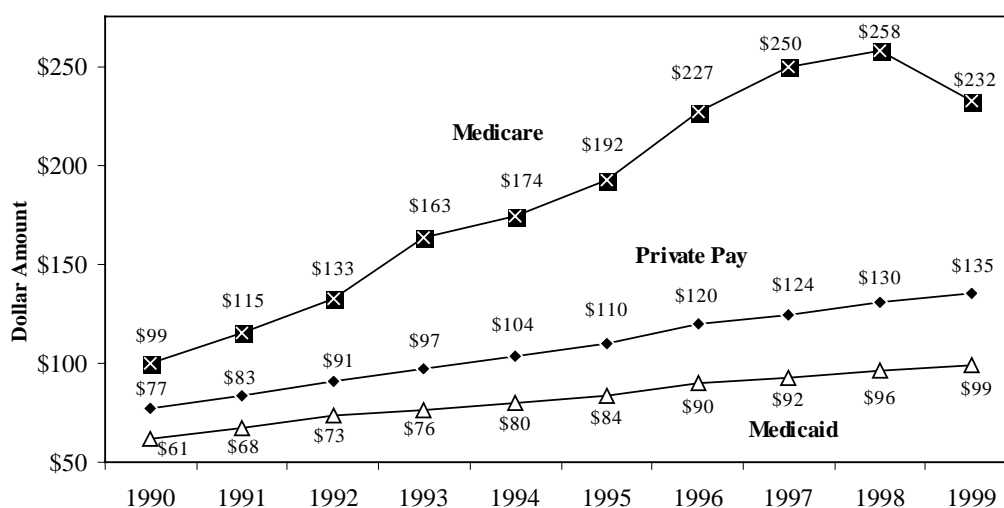
Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Services listed in this table are defined in the Technical Notes.
Nursing homes may offer specific services in more than one setting.

Nursing Home Trends

- The average Medicare per diem rate increased from \$99 in 1990 to \$232 in 1999, an increase of 133 percent (Figure 10). The average Medicaid per diem rate increased 62 percent, from \$61 to \$99. The average per diem rate for private pay residents increased 75 percent, from \$77 to \$135. The overall rate of inflation (as measured by the Consumer's Price Index) increased 30 percent during these 10 years.
- The average annual charge for a nursing home resident increased 75 percent from 1990 to 1999, from \$24,800 to \$43,400. (This average charge is based on all care levels and primary pay sources, and is calculated as the number of inpatient days divided by the average daily census times the average per diem rate.)

Figure 10. Nursing Home Average Per Diem Rates by Selected Pay Source, Wisconsin 1990-1999

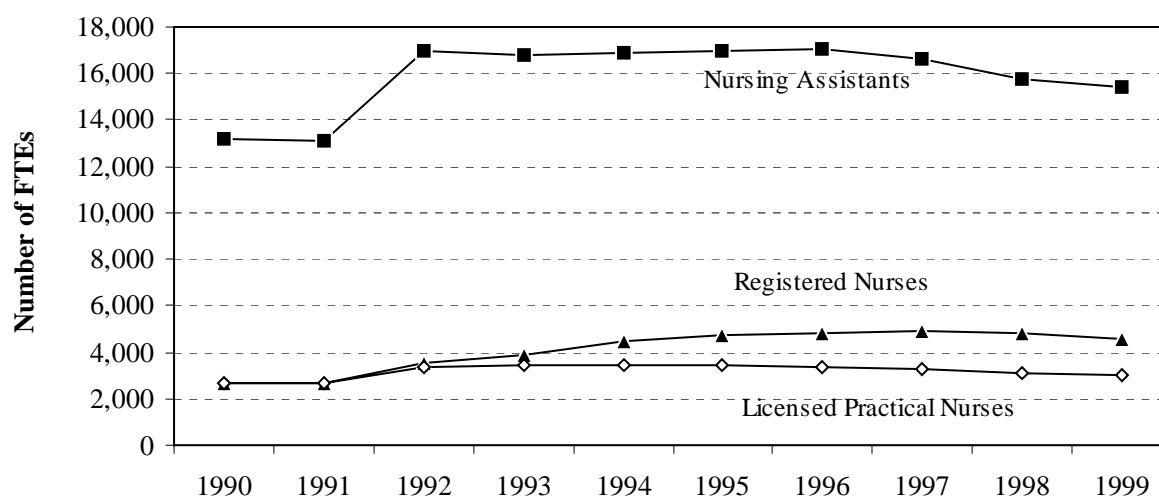


Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Trends in Nursing Home Employees

- The number of nursing assistants employed in Wisconsin nursing homes increased 30 percent between 1991 and 1992 (from 13,100 to 17,000), then stabilized before starting to decline in 1998 (Figure 11). Still, there were 17 percent more nursing assistants in 1999 (15,382) than in 1990. The number of nursing home residents as of December 31 declined 11 percent between 1990 and 1999.
- From 1990 to 1999, the number of registered nurses employed in Wisconsin nursing homes increased 70 percent (from 2,660 to 4,520), and the number of licensed practical nurses was up 11 percent (from nearly 2,700 to 3,000).

Figure 11. Nursing Home Employees, Wisconsin 1990-1999



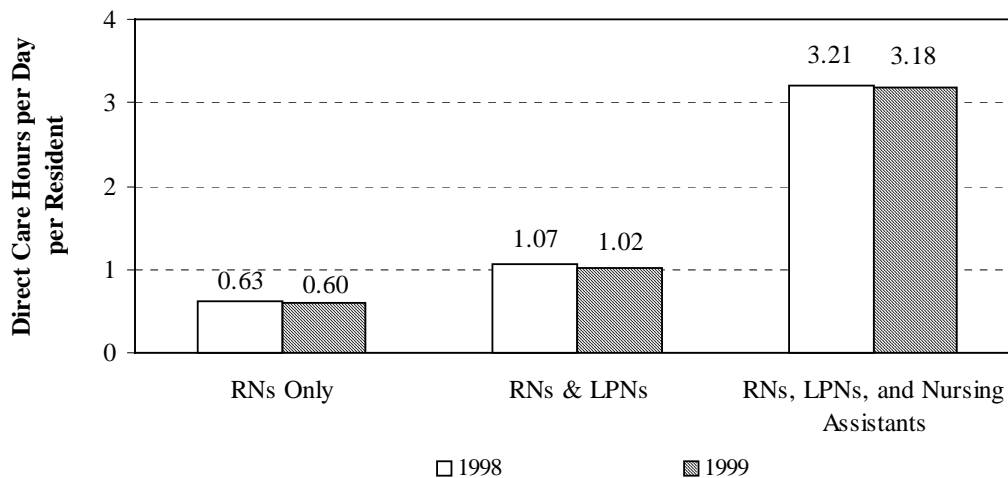
Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: Counts are for full-time equivalent (FTE) employees.

Trends in Nursing Home Employees

- No current federal regulation specifies the minimum hours of service to be provided by RNs, LPNs, and NAs per day per resident in each nursing home. However, Wisconsin Statutes (Chapter 50.04) require each nursing home to provide at least 2.5 “direct care” hours per day per resident needing skilled nursing care; a minimum of 0.5 hours of this time shall be provided by an RN or LPN.
- In 1998 and 1999, on average, nursing homes in Wisconsin provided about 3.2 hours of direct care per day per resident at the skilled level of care (Figure 12), at least 27 percent higher than the state minimum requirement. Of the 3.2 hours, about one hour was provided by either an RN or an LPN, and 0.6 hour was RN care only.
- According to a Health Care Financing Administration report to Congress (see note, Table 11), a nationwide average of 0.53 direct care hours per resident day were provided by RNs in 1999, and an average of 2 hours per resident day were provided by nursing assistants.

Figure 12. Nursing Staff Direct Care Hours per Day per Resident Receiving Skilled Nursing Care, Wisconsin 1998 and 1999



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Direct Care: Nursing and personal care provided by a Registered Nurse, a Licensed Practical Nurse or a Nursing Assistant to meet a resident's needs.

This figure is based on a question added to the survey in 1998.

Table 11. Minimum Staffing Hours per Resident Day Suggested by the U.S. Health Care Financing Administration (HCFA), July 2000

	Minimum Staffing Hours	Preferred Minimum Staffing Hours
RN	12 Minutes	27 Minutes
LPN	45 Minutes	1 Hour
NA	2 Hours	2 Hours

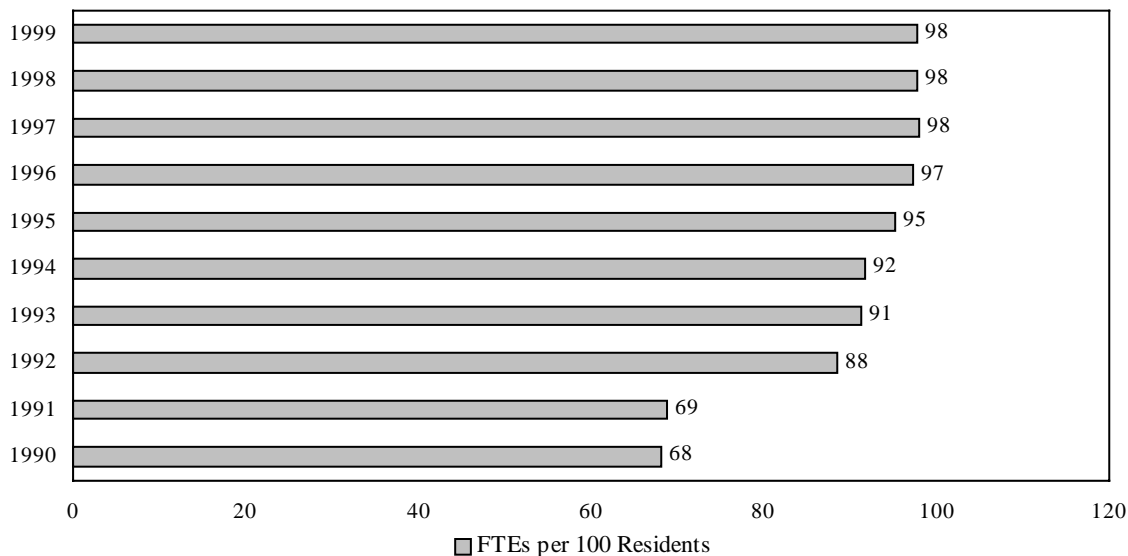
Source: Health Care Financing Administration testimony on Nursing Home Staffing before the Senate Special Committee on Aging, July 27, 2000. (HCFA has been renamed the Centers for Medicare and Medicaid Services.)

Note: The data in this table reflect a multivariate analysis by the Health Care Financing Administration of data from three states. The analysis found that, after controlling for case mix, these “minimum staffing hours” are the threshold below which quality of care may be seriously impaired. Providing care above these minimums may reduce the likelihood of quality problems in several areas. The analysis also found that hours provided above the “preferred minimum staffing hours” improve quality across the board.

Trends in Nursing Home Employees

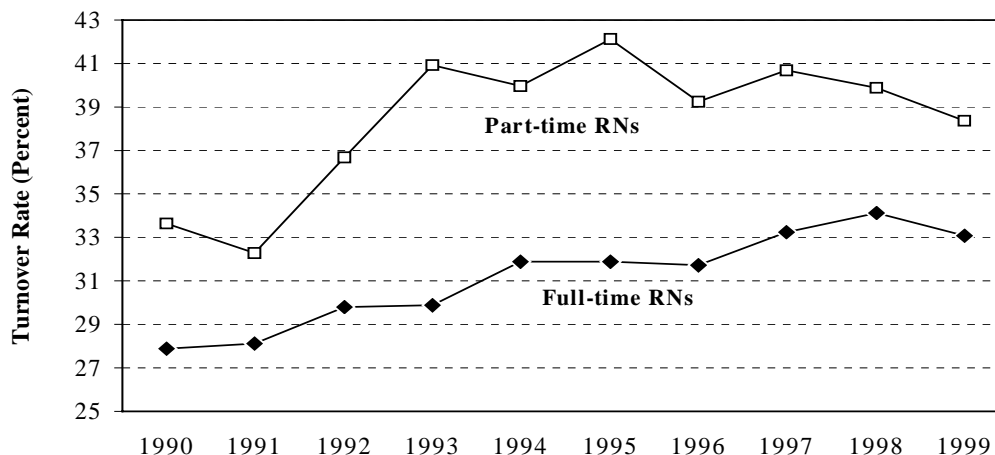
- Average full-time equivalent employees (FTEs) increased from 68 FTEs per 100 residents in 1990 to 98 FTEs per 100 residents in 1999 (Figure 13). The biggest jump occurred between 1991 and 1992.
- The turnover rate for full-time RNs statewide increased fairly steadily over the decade, from 28 percent in 1990 to 33 percent in 1999 (Figure 14). For part-time RNs, the turnover rate increased from 34 percent to 42 percent in 1995, then declined to 38 percent in 1999.

Figure 13. Full-Time Equivalent Employees per 100 Residents, Wisconsin Nursing Homes, 1990-1999



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Figure 14. Turnover Rate for Registered Nurses, Wisconsin Nursing Homes, 1990-1999



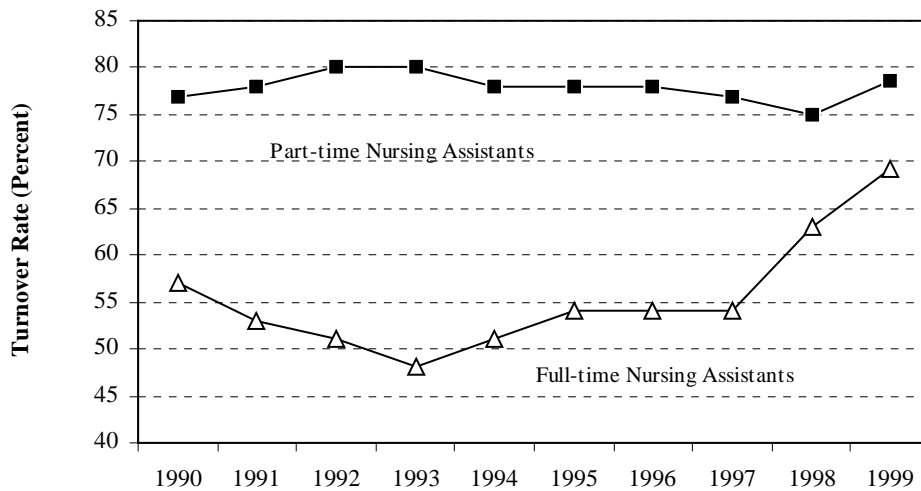
Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The turnover rate is the number of employees in a given category hired during the year, calculated as a percentage of all employees in that category. The smaller the percentage, the lower the turnover rate and the greater the continuity of employment.

Trends in Nursing Home Employees

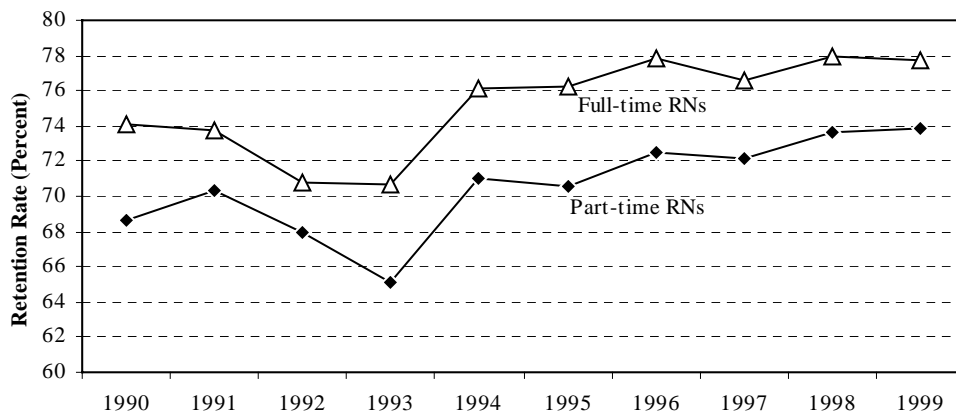
- In 1999, 69 percent of full-time nursing assistants (NAs) had worked in the nursing home less than one year, up from 57 percent in 1990 (Figure 15). This represents an increase of 12 percent in the turnover rate among these employees between 1990 and 1999.
- Between 1990 and 1999, the average retention rate statewide for full-time RNs increased from 74 percent to 78 percent (Figure 16). The retention rate for part-time RNs increased from 69 percent to 74 percent.
- For both full-time and part-time RNs, 1993 marked the year with the lowest retention rate (71 percent and 65 percent, respectively).

Figure 15. Turnover Rate for Nursing Assistants, Wisconsin Nursing Homes, 1990-1999



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Figure 16. Retention Rate for Registered Nurses, Wisconsin Nursing Homes, 1990-1999



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The retention rate is the percentage of employees who have worked at a facility for more than one year. This measure provides a sense of the stability of a nursing home's staff.

Trends in Nursing Home Residents

- The percent of nursing home residents who were receiving intense skilled nursing or skilled nursing care on December 31 increased from 70 percent in 1990 to 88 percent in 1999 (Table 12 and Figure 17).
- The percent of residents who were receiving the first level of intermediate care (ICF-1) decreased from 26 percent in 1990 to 11 percent in 1999.

Table 12. Level of Care for Nursing Home Residents, Wisconsin, December 31, 1990-1999

Year	Level of Care								Ventilator-Dependent	Total
	ISN	SN	ICF-1	ICF-2	ICF-3	ICF-4	DD	TBI		
1990	1,073	29,576	11,462	1,229	310	111	180	---	---	43,941
1991	1,062	28,460	9,979	863	181	50	423	---	---	41,018
1992	1,184	31,486	9,441	727	165	44	436	---	---	43,483
1993	1,166	31,794	8,784	618	125	29	312	---	---	42,828
1994	1,086	34,401	8,125	457	96	112	441	---	---	44,718
1995	1,053	34,897	7,039	359	55	18	298	5	6	43,730
1996	1,622	34,445	6,468	268	47	14	188	11	14	43,077
1997	1,562	34,084	5,881	242	41	11	185	19	17	42,042
1998	1,424	33,379	5,338	225	29	10	190	14	16	40,625
1999	1,346	33,493	4,530	165	21	8	142	3	11	39,719

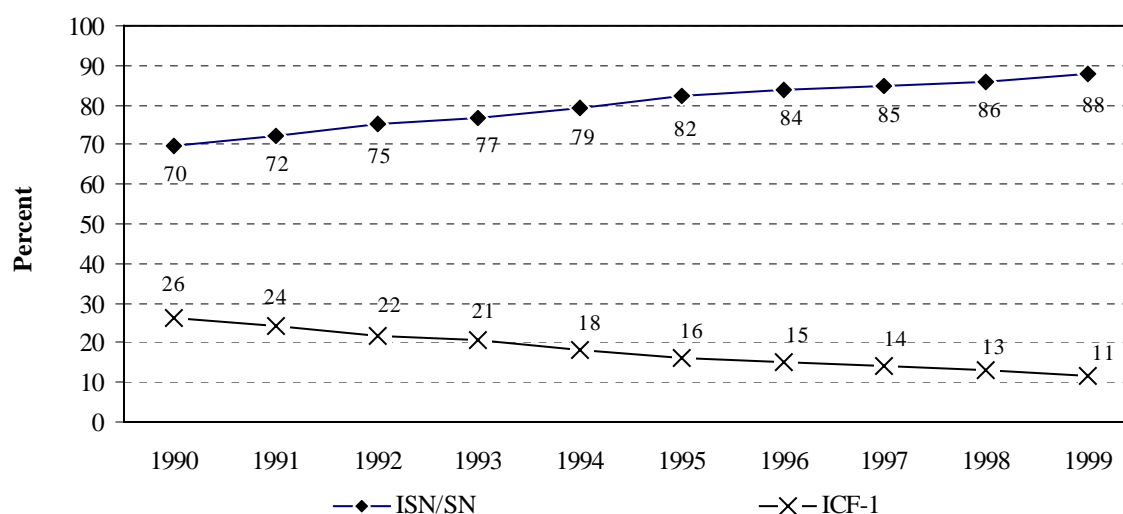
Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: TBI (Traumatic Brain Injury) and Ventilator-Dependent were added as separate levels of care in 1995.

See Technical Notes for definitions of all levels of care shown in this table.

Totals for each year do not include residents whose level of care was not reported.

Figure 17. Level of Care for Nursing Home Residents, Wisconsin, December 31, 1990-1999



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Trends in Nursing Home Residents

- The percent of admissions at the intense skilled or skilled level of care increased from 88 percent in 1990 to 97 percent in 1999 (Table 13 and Figure 18).
- The percent of admissions at the first intermediate level of care decreased from 11 percent in 1990 to 2 percent in 1999.

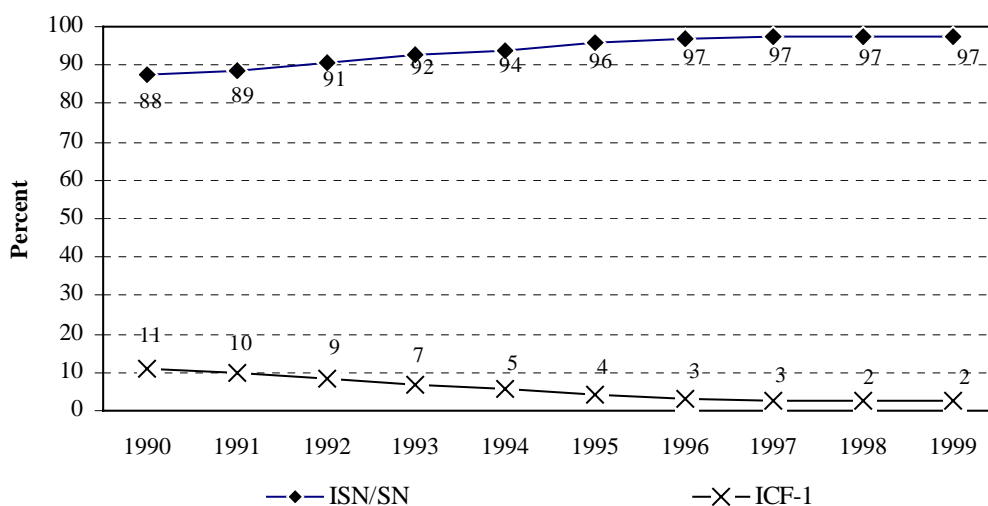
Table 13. Level of Care at Nursing Home Admission, Wisconsin 1990-1999

Year	Level of Care at Admission								Total Admissions
	ISN	SN	ICF-1	ICF-2	ICF-3	ICF-4	TBI	Ventilator-Dependent	
1990	404	23,108	2,909	313	58	21	---	---	26,813
1991	478	25,043	2,916	255	48	18	---	---	28,758
1992	505	26,828	2,563	186	35	11	---	---	30,128
1993	566	27,972	2,120	165	32	6	---	---	30,861
1994	590	33,391	1,982	154	26	6	---	---	36,149
1995	692	36,771	1,565	79	14	5	20	1	39,147
1996	3,801	38,359	1,252	85	12	3	24	12	43,548
1997	4,790	42,966	1,248	57	17	0	30	26	49,134
1998	3,771	46,096	1,244	82	16	5	37	13	51,264
1999	2,999	46,795	1,219	79	21	9	34	14	51,170

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.
Notes: TBI (Traumatic Brain Injury) and Ventilator-Dependent were added as separate levels of care in 1995.

See Technical Notes for definitions of all levels of care shown in this table.

Figure 18. Level of Care at Nursing Home Admission, Wisconsin 1990-1999



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: ISN refers to Intense Skilled Nursing Care, SN refers to Skilled Nursing, and ICF-1 refers to Intermediate Care.

Trends in Nursing Home Residents

- In 1990, only 38 percent of admissions had Medicare as primary pay source; in 1999, 66 percent of admissions paid primarily with Medicare (Table 14 and Figure 19). Medicare admissions increased 227 percent from 1990 to 1999 (from 10,300 residents to 33,600 residents), while total admissions increased 90 percent.
- Admissions with Medicaid as the primary pay source declined from 25 percent in 1990 to 14 percent in 1999. Private-pay admissions decreased from 35 percent to 15 percent. The percent of admissions in which managed care was the primary pay source, which had not been surveyed until 1996, increased from 2 percent in 1996 to 4 percent in 1999.

Table 14. Primary Pay Source at Nursing Home Admission, Wisconsin 1990-1999

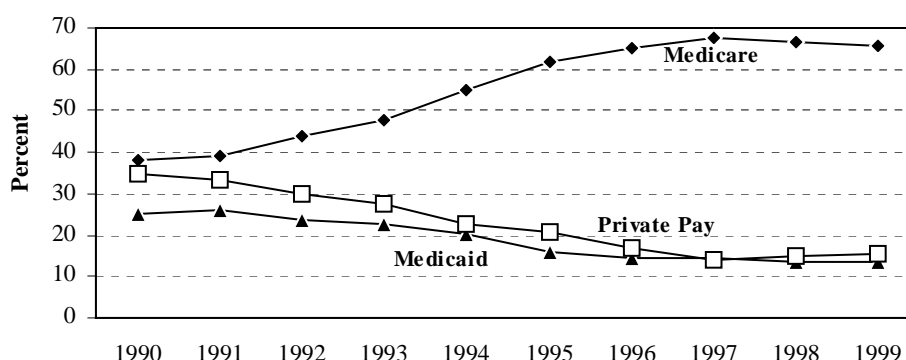
Year	Primary Pay Source at Admission					Total Admissions
	Medicare	Medicaid	Private Pay	Managed Care	Other Sources	
1990	10,271	6,727	9,382	---	635	27,015
1991	11,258	7,454	9,604	---	473	28,789
1992	13,329	7,111	8,961	---	778	30,179
1993	14,846	6,973	8,473	---	679	30,971
1994	19,863	7,287	8,231	---	840	36,221
1995	24,250	6,326	8,148	---	479	39,203
1996	28,326	6,296	7,392	725	744	43,483
1997	33,115	6,988	6,892	1,164	891	49,050
1998	34,214	6,880	7,750	1,811	540	51,195
1999	33,601	7,030	7,808	2,223	524	51,186

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Managed care plans were not asked about as a separate pay source until 1996.

The category "Other Sources" includes mostly residents whose primary pay source was the Department of Veterans Affairs.

Figure 19. Primary Pay Source at Nursing Home Admission, Wisconsin 1990-1999

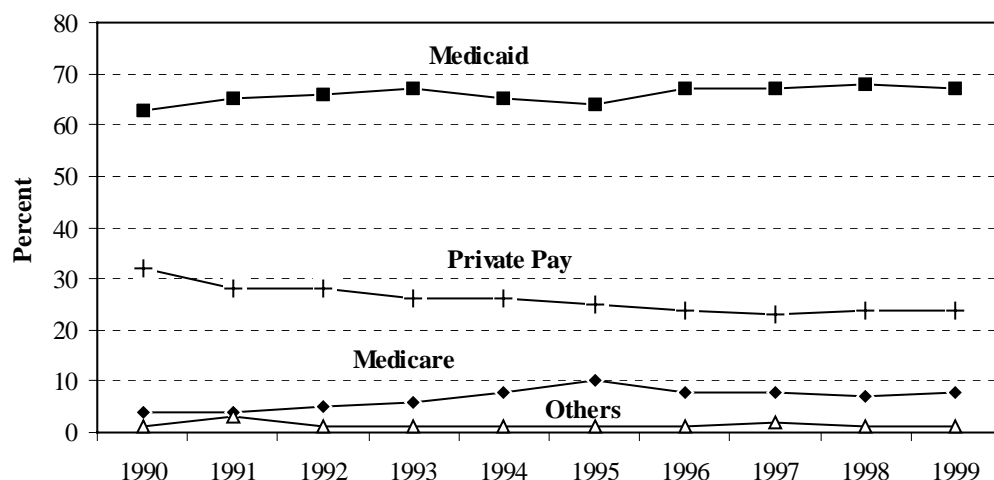


Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Trends in Nursing Home Residents

- Between 1990 and 1999, the percent of residents on December 31 whose care was paid for primarily by Medicaid increased from 63 percent to 67 percent (Figure 20 and Table 15). The percent of residents whose care was paid for by Medicare increased from 4 percent to 8 percent.
- The percent of residents whose care was paid for primarily by private sources decreased from 32 percent in 1990 to 24 percent in 1999.
- These data, along with the data on primary pay source at admission, indicate that there was a shift of nursing home costs from private to public sources between 1990 and 1999.

Figure 20. Nursing Home Residents by Primary Pay Source, Wisconsin, December 31, 1990-1999



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Table 15. Number of Nursing Home Residents by Primary Pay Source, Wisconsin, December 31, 1990-1999

Year	Medicare	Medicaid	Private Pay	Sources	Total
1990	1,722	27,770	13,943	560	44,783
1991	1,661	28,220	12,173	1,131	44,131
1992	2,321	28,641	11,980	527	44,119
1993	2,405	28,920	11,080	586	43,280
1994	3,417	29,106	11,405	651	44,613
1995	4,316	28,029	11,048	337	43,767
1996	3,357	28,734	10,425	561	43,079
1997	3,242	28,261	9,796	710	42,042
1998	2,870	27,491	9,710	554	40,625
1999	3,066	26,545	9,556	552	39,719

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: Totals include residents whose level of care was not reported.

Trends in Nursing Home Residents

- The percent of residents on December 31 who had been in the nursing home less than a year increased from 30 percent in 1990 to 35 percent in 1999 (Table 16). The percent who had been there more than four years declined from 29 percent to 25 percent.
- The proportion of residents aged 85 and older increased from 47 percent in 1990 to 50 percent in 1999 (Figure 21). The percent of residents aged 65 to 84 declined from 46 percent to 43 percent during the same period.

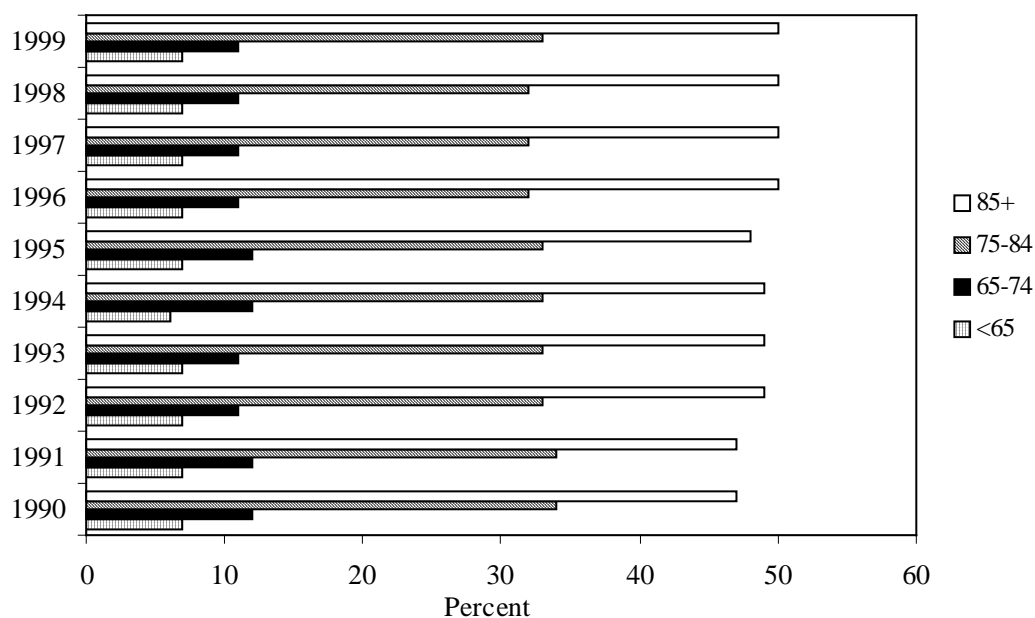
Table 16. Length of Stay of Nursing Home Residents, Wisconsin, December 31, 1990-1999

Year	<1 Year	1-2 Years	2-3 Years	3-4 Years	4+ Years
1990	30%	18%	13%	9%	29%
1991	30	18	13	9	29
1992	30	18	13	9	29
1993	31	18	13	9	28
1994	32	18	13	9	28
1995	32	18	13	9	28
1996	*	*	*	*	*
1997	33	18	13	9	27
1998	33	18	13	9	27
1999	35	18	13	9	25

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: Data for 1996 were not comparable with other years, because of a change in the survey form that year.

Figure 21. Nursing Home Residents by Age, Wisconsin, December 31, 1990-1999



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Trends in Nursing Home Residents

- Between 1992 and 1999, the percent of nursing home residents who were independent in bathing, dressing, transferring, and toilet use remained stable (Table 17). The percent of residents who could eat independently, however, increased from 49 percent to 59 percent.
- The percent of residents who were totally dependent in bathing, dressing, and transferring declined by about one-third. For example, the percent of residents who were totally dependent in bathing decreased from 49 percent to 32 percent (a 35 percent decline).
- The percent of residents who needed assistance from one or two staff in bathing, dressing, and transferring increased by at least one-third.
- These data suggest that Activities of Daily Living (ADL) dependency needs of nursing home residents declined between 1992 and 1999. This probably reflects an increasing percentage of nursing home residents who are in the facility for a short-term rehabilitative stay.

Table 17. Percent of Nursing Home Residents Who Need Help with Selected Activities of Daily Living (ADLs), Wisconsin, December 31, 1992-1999

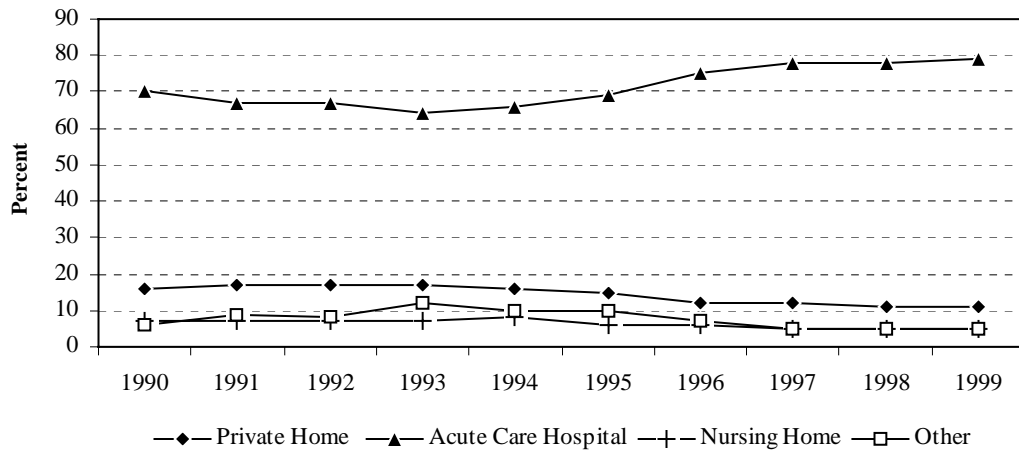
Selected Activities of Daily Living	1992	1993	1994	1995	1996	1997	1998	1999
Bathing								
Independent	5%	4%	4%	5%	6%	7%	7%	6%
Needs Assistance	46	54	54	56	56	57	59	61
Totally Dependent	49	42	41	39	38	36	34	32
Total Residents	44,119	43,280	44,613	43,767	43,079	42,042	40,625	39,719
Dressing								
Independent	16%	14%	14%	14%	16%	18%	17%	17%
Needs Assistance	43	52	52	55	53	53	54	57
Totally Dependent	39	33	33	31	31	29	28	27
Transfer								
Independent	32%	31%	31%	30%	32%	34%	33%	33%
Needs Assistance	35	42	42	45	44	44	44	46
Totally Dependent	32	27	27	25	23	23	23	22
Toilet Use								
Independent	*	*	*	*	27%	28%	28%	26%
Needs Assistance	*	*	*	*	44	44	45	47
Totally Dependent	*	*	*	*	29	28	27	27
Eating								
Independent	49%	48%	48%	49%	57%	61%	62%	59%
Needs Assistance	33	36	37	36	29	25	24	26
Totally Dependent	17	15	15	15	14	15	14	14

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Trends in Nursing Home Residents

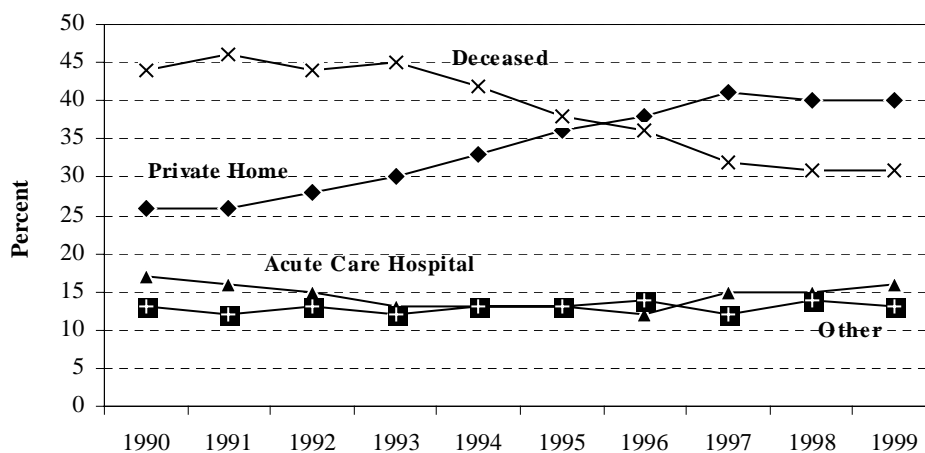
- The percent of admissions that were from acute care hospitals increased from 70 percent in 1990 to 79 percent in 1999, while the percent from private homes declined from 16 percent to 11 percent (Figure 22).
- Admissions from other places, including other nursing homes, declined from 13 percent to 10 percent of admissions.
- From 1990 to 1999, the percentage of discharges to private homes increased from 26 percent to 40 percent (Figure 23). The percent due to deaths declined from 44 percent to 31 percent.

Figure 22. Care Location of Nursing Home Residents Prior to Admission, Wisconsin 1990-1999



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Figure 23. Discharge Status or Care Destination of Nursing Home Residents Discharged, Wisconsin 1990-1999

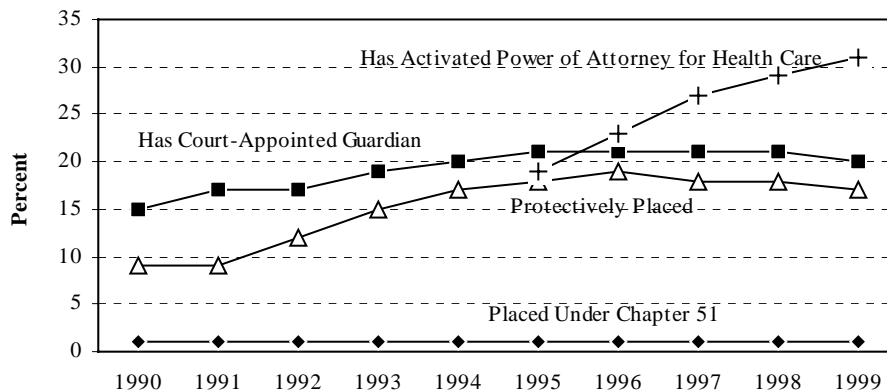


Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Trends in Nursing Home Residents

- The percent of nursing home residents who had a court-appointed guardian increased from 15 percent to 20 percent from 1990 to 1999, while the percent of residents who were protectively placed (under Chapter 55, Wis. Stats.) almost doubled, from 9 percent to 17 percent (Figure 24).
- The percent of residents who had an activated power of attorney for health care increased from 19 percent in 1995 to 31 percent in 1999 (Figure 24).
- The percent of residents who had advance directives increased from 61 percent in 1992 to 79 percent in 1999 (Figure 25).

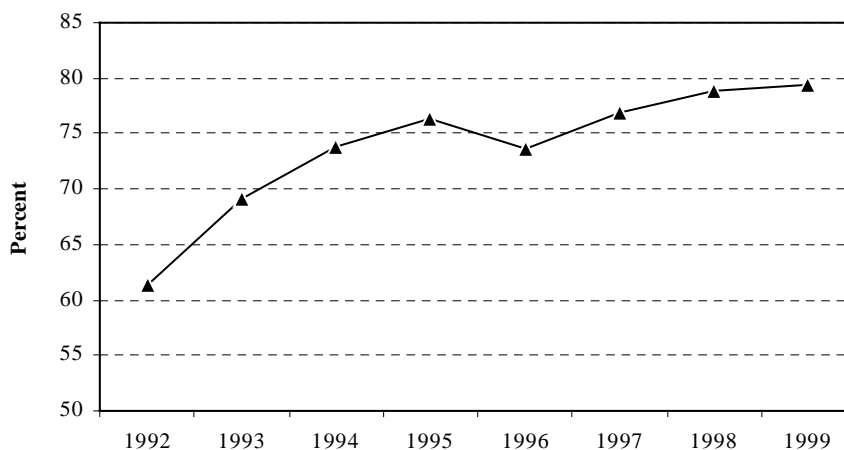
Figure 24. Legal Status of Nursing Home Residents, Wisconsin, December 31, 1990-1999



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The question about activated power of attorney for health care was not asked before 1995.

Figure 25. Percent of Nursing Home Residents with Advance Directives, Wisconsin, December 31, 1992-1999



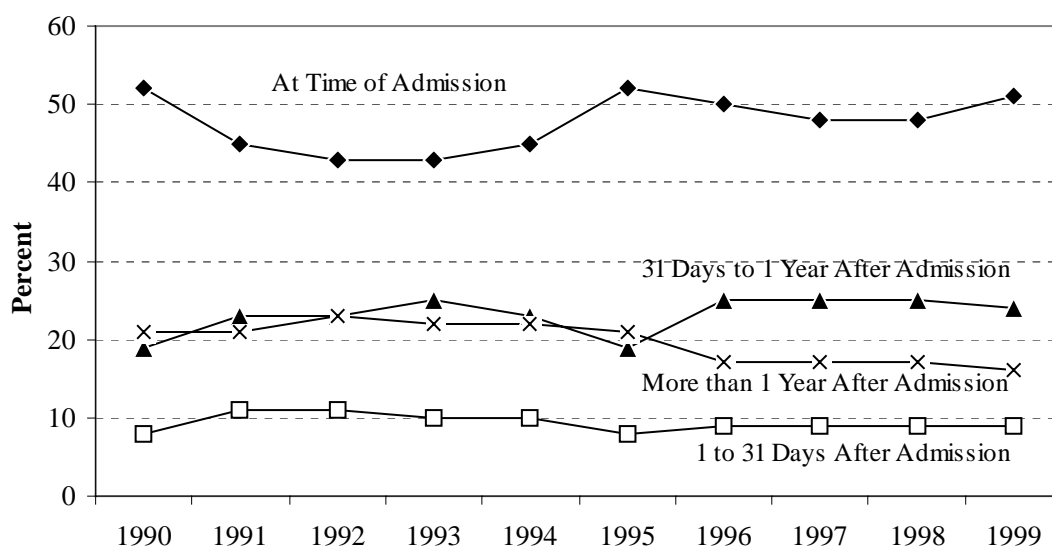
Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: Advance directives are legal documents that let you give instructions about the medical care you want to receive in the event you become unable to speak for yourself owing to serious illness or incapacity. This question was not asked before 1992.

Trends in Nursing Home Residents

- One of every two residents in 1999 was eligible for Medicaid at the time of admission, a ratio that has remained relatively stable since 1995.
- From 1990 to 1999, the percent of nursing home residents who became eligible for Medicaid more than one year after admission decreased from 21 percent to 16 percent, while the percent of residents who became eligible for Medicaid one month to one year after admission increased from 19 percent to 24 percent.
- The data showed that nursing home residents were becoming eligible for Medicaid faster in 1999 than they were in 1990.

Figure 26. Nursing Home Residents with Medicaid as Primary Pay Source by Eligibility Date, Wisconsin, December 31, 1990-1999



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Technical Notes

Definitions for Levels of Care

ISN - Intense Skilled Nursing: Care for residents whose health requires specific, complex interventions. Services and procedures may be identified as complex because of the resident's condition, the type of procedure, or the number of procedures utilized.

SN - Skilled Nursing: Continuous nursing care which requires substantial nursing knowledge and skill based on the assessment, observation and supervision of the physical, emotional, social and restorative needs of the resident by, or supervised by, a registered nurse who is under general medical direction.

ICF-1, Intermediate Care: Professional, general nursing care including physical, emotional, social and restorative services which are required to maintain the stability of residents with long-term illnesses or disabilities. A registered nurse shall be responsible for nursing administration and direction.

ICF-2, Limited Care: Simple nursing care procedures required by residents with long-term illnesses or disabilities in order to maintain stability. Limited nursing care can be provided safely only by, or under the supervision of, a person no less skilled than a licensed practical nurse and who serves under the direction of a registered nurse.

ICF-3, Personal Care: Personal assistance, supervision and protection for individuals who do not need nursing care, but do need periodic medical services, the consultation of a registered nurse, or periodic observation and consultation for physical, emotional, social or restorative needs.

ICF-4, Residential Care: Care for individuals who, in the opinion of a licensed physician, have social service and activity therapy needs because of disability. Residents needing such care must be supervised by a licensed nurse seven days a week on the day shift, and there must be registered nurse consultation four hours per week.

DD1A Care Level: All developmentally disabled residents who require active treatment and whose health status is fragile, unstable or relatively unstable.

DD1B Care Level: All developmentally residents who require active treatment, considerable guidance and supervision, and who persistently or frequently exhibit behaviors directed toward themselves or others which may be dangerous to health or welfare.

DD2 Care Level: Moderately retarded adults requiring active treatment with an emphasis on skills training.

DD3 Care Level: Mildly retarded adults requiring active treatment with an emphasis on refinement of social skills and attainment of domestic and vocational skills.

Traumatic Brain Injury (TBI): A resident between 15 and 64 years old who has incurred a recent closed or open head injury. The health care provider has obtained prior authorization from the Wisconsin Division of Health Care Financing for continued stay in the designated traumatic brain injury program.

Ventilator-Dependent: A resident who is dependent on a ventilator for six or more hours per day for his or her respiratory condition. The health care provider has obtained prior authorization from the Wisconsin Division of Health Care Financing for payment of the special rate for ventilator dependency.

Definitions of Services to Non-Residents

(Definitions provided by staff in Wisconsin Bureau on Aging and Long-Term Care Resources)

Home Health Care: Health care services to individuals in their own homes, on a physician's orders, as part of a written plan of care. Services may include one or more of the following: (1) part-time or intermittent skilled nursing; (2) physical, occupational and speech therapy services provided by licensed professionals; and (3) home health aide services provided by trained and professionally supervised aides. Home health aide services provide the personal care necessary to maintain a clean and safe environment for the patient, and include bathing, feeding, dressing, toileting, mobility assistance and incidental household services.

Supportive Home Care: Services to maintain clients in independent or supervised living in their own homes, or in the homes of their friends or relatives. These services help individuals meet their daily living needs, address their needs for social contact, and ensure their well-being in order to prevent their placement into alternate living arrangements. Services may include, but are not limited to: household care, personal care and supervision, senior companion activities, telephone reassurance, friendly visiting and home health care.

Day Services: Services in day centers to persons with social, behavioral, mental, developmental, or alcohol and drug abuse disorders in order to enhance maturation and social development and reduce the extent and effects of disabilities. Services may include, but are not limited to: assessment/diagnosis; case planning, monitoring and review; transportation to the care setting; education/training; counseling/psychotherapy; supervision; and personal care.

Respite Care: Services which facilitate or make possible the care of dependents, thereby relieving the usual care giver of the stress resulting from the continuous support necessary to care for dependent individuals. Services are based upon the needs of both the regular care giver and the dependent person, and are intended to prevent individual and family breakdown or institutionalization of the dependent. Services generally include assessment/diagnosis; case planning, monitoring and review; referral; and education/training. Services may also include assessing the need for respite care, arranging for the resources necessary for respite care to occur, advising the regular care giver about the nature of services available and about the specific arrangements for dependent care, and any teaching of respite care workers by regular care givers.

Adult Day (Health) Care: Services to adults in a certified setting designed to promote an enriched social experience and afford protection during part of the day. Services include transportation specifically for access to this program, the provision of food to the client, and certified adult day care when provided in a senior center. Management functions which may be performed include, but are not limited to: resource recruitment/development and regulation/certification.

Congregate Meals: Meals provided to persons in supportive service settings to promote adequate nutrition and socialization. Nutrition education is an integral but subordinate part of this program.

Home-Delivered Meals: In-home meals provided to persons at risk for inadequate nutrition.

Referral Service: Public information necessary to satisfy individual inquiries regarding aspects of the human services delivery system, including referrals to appropriate resources within the community.

Transportation: Transportation and transportation-related services to the elderly and handicapped, and to other persons with limited ability to access needed community resources (other than human services). Included are the provision of material benefits such as tickets (or cash for their purchase), as well as specially-equipped vehicles designed to provide safe, comfortable and accessible conveyance. Such services are limited to transportation which assists in improving a person's general mobility and ability to independently perform daily tasks such as shopping, visiting with friends, etc.

Survey Instrument: 1999 Annual Survey of Nursing Homes